CENTERS FOR MEDICARE & MEDICAID SERVICES 45d 3/09/14

FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445296 | A. BUILDING _____ B. WING _____ | 01/23/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LIFE CARE CENTER OF EAST RIDGE | 1500 FINCHER AVENUE EAST RIDGE, TN 37412 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>A recertification survey and complaint investigation #32359 were completed on January 21 - January 23, 2014, at Life Care Center of East Ridge. No deficiencies were cited related to complaint investigation #32359 under 42 CFR Part 483, Requirements for Long Term Care Facilities. | F 000 | This plan of correction is submitted and required under Federal and State regulations and statutes applicable to long term care providers. The plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan of correction does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited is correctly applied. | 2/14/14 |
| F 456 SS=F | 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION<br><br>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of facility policy, and interview, the facility failed to maintain essential kitchen equipment in safe operating condition.<br><br>The findings included:<br><br>Observation in the dietary department on January 21, 2013, at 11:30 a.m., revealed a foul odor present in the area adjacent to the hot water temperature booster and beneath the garbage disposal. Continued observation revealed three approximately ten inch sections of cut two by four boards lying on the floor beneath the garbage disposal. Continued observation revealed the boards and floor were coated in damp, black, debris. Continued observation revealed the presence of blackened debris present on the dishwasher control box. | F 456 | F456<br><br>1. CORRECTIVE ACTION<br>Water booster was removed by maintenance director, water lines were re-routed, and electrical box re-mounted all on 1/21/14. Floor boards were removed by maintenance director and area was thoroughly cleaned by kitchen staff on 1/21/14. State inspector examined area later in day and found area to be in compliance.<br><br>2. IDENTIFICATION OF OTHER RESIDENTS<br>No other equipment was found to be defective by maintenance director on 1/21/14. | 2/14/14 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director | (X6) DATE: 2/14/14

For deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/03/2014
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| F 456 | Continued From page 1<br>Review of facility policy, Preventative Maintenance Water and Plumbing System, revised March 2004 revealed "...maintenance personnel will perform preventative maintenance and corrective actions..."<br><br>Interview with the Dietary Manager on January 21, 2014, at 11:40 a.m., in the dietary department confirmed the hot water temperature booster was leaking and the floor beneath the garbage disposal was soiled after maintenance personnel recently attempted repair of the garbage disposal.<br><br>Interview with the Maintenance Director, on January 21, 2014, at 11:45 a.m., in the dietary department confirmed the boards were to have been removed, the floor beneath the garbage disposal cleaned after the repairs, and confirmed the facility had failed to maintain the water temperature booster which was leaking onto the kitchen floor. | F 456 | F456 Cont...<br><br>3. SYSTEMATIC CHANGES<br>Kitchen equipment being inspected weekly by maintenance director for functionality and safety. Dishes now being sanitized by kitchen staff with chemical solution, rather than with water booster.<br><br>4. MONITORING OF CORRECTIVE ACTION<br>Maintenance Director will inspect kitchen equipment weekly for four weeks and monthly for three months and present findings to QA/PI committee for following 3 months. The Executive Director will monitor this process monthly to ensure continued compliance. | 2/14/14 |